AMENDMENTS TO THE CLAIMS:

This listing of claims will replace all prior versions, and listings, of claims in the application:

LISTING OF CLAIMS:

1. - 33. (Canceled)

34. (Previously Presented) A method of reducing food effect when treating hypertriglyceridemias and/or hypercholesterolemias and/or hyperlipidemias in a patient in need thereof comprising administering to said patient a therapeutically effective amount of a pharmaceutical composition comprising micronized fenofibrate, a surfactant and a binding cellulose derivative, wherein said composition is in the form of granules comprising:

(a) a neutral core; and

(b) an active layer, which surrounds the neutral core;

wherein said neutral core comprises a sugar or a sugar mixed with starch; wherein said active layer comprises micronized fenofibrate, the surfactant, and the binding cellulose derivative; and wherein said binding cellulose derivative represents between 2 and 15 % by weight of the composition.

35. - 71. (Canceled)

72. (Previously Presented) A method of reducing food effect when treating hypertriglyceridemias and/or hypercholesterolemias and/or hyperlipidemias in a patient in need thereof comprising administering to said patient a therapeutically effective amount of a pharmaceutical composition comprising micronized fenofibrate, a surfactant and a binding cellulose derivative,_wherein said composition is in the form of granules comprising:

(a) a neutral core; and

(b) an active layer, surrounding the neutral core;

wherein said neutral core comprises a sugar or a sugar mixed with starch; said active layer comprises the micronized fenofibrate, the surfactant, and the binding cellulose derivative; and wherein the mass ratio of said fenofibrate to said binding cellulose derivative is between 5/1 and 15/1.

73. (Previously Presented) The method of claim 34, wherein said patient is fed a high fat containing meal and the bioavailability of fenofibrate administered to said patient is equivalent to when said patient has fasted.

74. (Previously Presented) The method of claim 34, wherein said patient is fed at least 800-1000 calories, 50% of which are from fat, and the bioavailability of fenofibrate administered to said patient is equivalent to when said patient has fasted.

75. (Previously Presented) The method of claim 34, wherein said patient is fed a therapeutic lifestyle change diet and the bioavailability of fenofibrate administered to said patient is equivalent to when said patient has fasted.

76. (Previously Presented) The method of claim 72, wherein said patient is fed a high fat containing meal and the bioavailability of fenofibrate administered to said patient is equivalent to when said patient has fasted.

77. (Previously Presented) The method of claim 72, wherein said patient is fed at least 800-1000 calories, 50% of which are from fat, and the bioavailability of fenofibrate administered to said patient is equivalent to when said patient has fasted.

78. (Previously Presented) The method of claim 72, wherein said patient is fed a therapeutic lifestyle change diet and the bioavailability of fenofibrate administered to said patient is equivalent to when said patient has fasted.

79. (New) A method of reducing food effect when treating hypertriglyceridemias and/or hypercholesterolemias and/or hyperlipidemias in a patient in need thereof comprising administering to said patient a therapeutically effective amount of a pharmaceutical composition comprising micronized fenofibrate, a surfactant and a binding cellulose derivative, wherein said composition comprises granules comprising:

(a) a neutral core; and

(b) an active layer, which surrounds the neutral core;

wherein said neutral core comprises a sugar or a sugar mixed with starch; wherein said active layer comprises micronized fenofibrate, the surfactant, and the binding cellulose derivative; and wherein said binding cellulose derivative represents between 2 and 15 % by weight of the granules.